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REISSUE PATENT APPLICATION TRANSMITTAL

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Attorney Docket No.

Martorella et al-5 CIP2 Reissue

First Named Inventor

Martorella

Original Patent Number

6,516,956

Original Patent Issue Date
(Month/Day/Year)

February 11, 2003

Express Mail Label No.

EL992013838US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format
(amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. ☒ Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☒ 37 C.F.R. 3.73(b) Statement
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all
changes to the claims. See 37 CFR 1.173(c).
11. ☒ Original Patent Grant
☒ Ribbioned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Copy of Assignment

18. CORRESPONDENCE ADDRESS

☒ Customer Number.

25889



OR

Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

William Collard

Registration No. (Attorney/Agent)

38,411

Signature

Date

04/15/04

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS-SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. PTO
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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

Claims as Filed - Part 1

Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
			Rate	Fee	Rate	Fee
(B)11	Total Claims (37 CFR 1.16(i)) Independent claims (37 CFR 1.16(j))	(B)11 (D)	20	=	x \$ ____ = \$ ____ = \$	or x \$ ____ = \$ ____ =
Basic Fee (37 CFR 1.16(h))			\$ 385.00		\$ ____	
Total Filing Fee			\$ 428.00		OR \$	

Claims as Amended - Part 2

Total Claims	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(37 CFR 1.16(i))	15	MINUS	20	=	x \$ ____ =	x \$ ____ =	
Independent Claims (37 CFR 1.16(j))	4	-3	3	= 1 ____ =	x 43	= 43	
Total Additional Fee				\$ 43		OR \$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 03-2468 _____.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**04/15/04 _____
Date_____
Signature of Applicant, Attorney or Agent of Record38,411 _____
Registration Number, if applicableWilliam Collard
Typed or printed name

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